

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559809

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5			1			
6		1				
7						
8		1				
9						
10		1				
11		1				
12	1					
13		1				
14	2					
15		1				
16	1					
17		1				
18		1				
19						
20		1				
21	1					
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25	1					
26		1				
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28	3					
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		28				
TOTAL CLAIMS		29				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						